Title V Form 500-A2

SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT Application Certification

Section I - Facility Information					
1. Facility Name: LA JOLLA ENERGY DEVELOPMENT, INC Facility ID (6-Digit): 0					
2. This Certification is submitted a. X Title V Application					
with a (Check one): b. Supplement/Correction to a Title V Application					
3. Is Form 500-C2 included with this Certification? a. \(\sum \) Yes b. \(\sum \) No					
Section II - Responsible Official Certification States	nent				
I certify under penalty of law that I am the responsible official for this facility as defined in AQMD Regulation XXX and that based on information and belief formed after reasonable inquiry, the statements and information in this document and in all attached application forms and other materials are true, accurate, and complete.					
Read each statement carefully and check each that applies.					
1. For Initial & Permit Renewal Application Certifications:					
a. The facility, including equipment that are exempt from written permit per Rule 219, is currently operating and will continue to operate in compliance with all applicable requirement(s) identified in Section III of Form 500-C1,					
i. <u>except</u> for those requirements that do not specifically pertain to such devices or equipment and that have been identified as "Remove" on Section III of Form 500-C1.					
ii. <u>except</u> for those devices or equipment that have been identified on the completed and attached Form 500-C2 that will <u>not</u> be operating in compliance with the specified applicable requirement(s).					
b. The facility, including equipment that are exempt from written permit per Rule 219, will meet in a timely manner, all applicable requirements with future effective dates.					
2. For Permit Revision Application Certifications:					
a. The equipment or devices to which this permit revision applies, will in a timely manner comply with all applicable requirements identified in Section II and Section III of Form 500-C1.					
Signature of Responsible Official		D /			
		Date			
Steve Wilburn Type or Print Name of Responsible Official		Phone			
President		2.1.0110			
Title of Responsible Official		Fax			
2882-C Avenue	Tustin	CA	92780		
Address of Responsible Official	City	State	Zip Code		

Acid Rain Facilities Only: Turn page over & complete Section III

AQMD Form 500-A2 Rev. 04/97

Acid Rain facilities must certify their compliance status of the devices subject to applicable requirements under Title IV by an individual who meets the definition of Designated (or Alternate) Representative in 40 CFR Part 72.

Section III - Designated Representative Certification Statement					
1.					
(Signature of Designated Representative or Alternate	Date	9		
	Type or Print Name of Designated Representative or Alternate	Phor	Phone		
	Title of Designated Representative or Alternate	Fax	Fax		
	Address of Designated Representative or Alternate	City State	Zip Code		